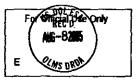
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

and the same of th	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name PAUL R MARKS	Name WESTERN COUNCIL
	Labor Organization File Number 042-066
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 12788 SE STARK ST.	Street 12784 SE STACK ST.
CHY FORTLAND	City PORTLAND
State OR. ZIP Code + 4 97233	and the same of th
5. Position in labor organization.  PRESIDENT	
A. Held an interest in, engaged in transactions (including loans) with	e exclusions set forth in the instructions):
monetary value from an employer whose employees your organ	inization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	nization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
	rization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).	rization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any.  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under pens submitted in this report (including the information contained in any accordance).	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing PAUL MARKS	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name REGENCE LIFE + HEALTH INS. CO.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street IOO SW MARKET ST  City PORTLAND  State OREGON ZIP Code + 4 97201	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer	
	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name REGENCE LIFE +HEALTH INS. CO.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	DISCUSS HEALTH INSURANCE ISSUES.	
Street 100 SW MARKET ST	11.b. Approximate dollar value of such dealing. 207.25	
City PORTLAND	12.a. Nature of interest held or income received.	
State OREGON ZIP Code + 4 97201		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.	
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	